Gender dysphoria

Gender dysphoria (**GD**) is the distress a person experiences as a result of the sex and gender they were assigned at birth. In this case, the assigned sex and gender do not match the person's gender identity, and the person is transgender. Evidence from studies of twins suggests that gender dysphoria not only has psychological causes, but may have biological causes as well.[4]

The diagnostic label **gender identity disorder** (**GID**) was used by the DSM until its reclassification as *gender dysphoria* in 2013, with the release of the DSM-5. The diagnosis was reclassified to better align it with medical understanding of the condition and to remove the stigma associated with the term *disorder*.[5][6] The American Psychiatric Association, publisher of the DSM-5, stated that gender nonconformity is not the same thing as gender dysphoria,[7] and that "gender nonconformity is not in itself a mental disorder. The critical element of gender dysphoria is the presence of clinically significant distress associated with the condition."[1] Some transgender people and researchers support declassification of the condition because they say the diagnosis pathologizes gender variance and reinforces the binary model of gender.[5][8]

The main psychiatric approaches to treatment for persons diagnosed with gender dysphoria are psychotherapy or supporting the individual's preferred gender through any or all of hormone therapy, gender expression and role, or surgery.[2]

Gender dysphoria	
Other names	Gender identity disorder
Specialty	Psychiatry, Psychology, Psychotherapy
Symptoms	Distress related to one's assigned gender or sex[1][2]
Complications	Eating disorders, suicide, depression, anxiety, social isolation[3]
Differential diagnosis	Variance in gender identity or expression that is not distressing[1][2]
Treatment	Transitioning, psychotherapy[2]
Medication	Hormones (e.g., androgens, antiandrogens, estrogens)

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Signs and symptoms

Symptoms of GD in children may include any of the following: disgust at their own genitalia, social isolation from their peers, anxiety, loneliness and depression.[3] According to the American Psychological Association, transgender children are more likely to experience harassment and violence in school, foster care, residential treatment centers, homeless centers and juvenile justice programs than other children.[9]

Adults with GD are at increased risk for stress, isolation, anxiety, depression, poor self-esteem and suicide.[3] Studies indicate that transgender people have an extremely high rate of suicide attempts; one study of 6,450 transgender people in the United States found 41% had attempted suicide, compared to a national average of 1.6%. It was also found that suicide attempts were less common among transgender people who said their family ties had remained strong after they came out, but even transgender people at comparatively low risk were still much more likely to have attempted suicide than the general population.[10][11] Transgender people are also at heightened risk for certain mental disorders[12] such as eating disorders.[13][14]

Gender dysphoria in those assigned male at birth tends to follow one of two broad trajectories: early-onset or late-onset. Early-onset gender dysphoria is behaviorally visible in childhood. Sometimes, early-onset gender dysphorics identify as gay for a period of time. This group is usually attracted to men in adulthood. Late-onset gender dysphoria does not include visible signs in early childhood, bu some report having wishes to be female in childhood that they did not report to others. Those who experience late-onset gender dysphoria will often be attracted to women and may identify as lesbians. Before transition, they will frequently engage in transvestic behavior with sexual excitement. In those assigned female at birth, early-onset gender dysphoria is the most common course.[15]

Causes

GID exists when a person suffers discontent due to gender identity, causing them emotional distress.[3] Researchers disagree about the nature of distress and impairment in people with GID. Some authors have suggested that people with GID suffer because they are stigmatized and victimized,[16] and that, if society had less strict gender divisions, transsexual people would suffer less.[17]

A twin study (based on seven people in a 314 sample) suggested that GID may be 62% heritable, indicating the possibility of a genetic influence as its origin, in these cases.[18]

Diagnosis

The American Psychiatric Association permits a diagnosis of *gender dysphoria* if the criteria in the DSM-5 are met. The DSM-5 states that at least two of the following criteria for gender dysphoria must be experienced for at least six months' duration in adolescents or adults for diagnosis:[19]

- A strong desire to be of a gender other than one's assigned gender
- A strong desire to be treated as a gender other than one's assigned gender
- A significant incongruence between one's experienced or expressed gender and one's sexual characteristics
- A strong desire for the sexual characteristics of a gender other than one's assigned gender
- A strong desire to be rid of one's sexual characteristics due to incongruence with one's experienced or expressed gender
- A strong conviction that one has the typical reactions and feelings of a gender other than one's assigned gender

In addition, the condition must be associated with clinically significant distress or impairment.[19]

The DSM-5 moved this diagnosis out of the sexual disorders category and into a category of its own.[19] The diagnosis was renamed from gender identity disorder to gender dysphoria, after criticisms that the former term was stigmatizing.[20] Subtyping by sexual orientation was deleted. The diagnosis for children was separated from that for adults, as "gender dysphoria in children". The creation of a specific diagnosis for children reflects the lesser ability of children to have insight into what they are experiencing, or ability to express it in the event that they have insight.[21] *Other specified gender dysphoria* or *unspecified gender dysphoria* can be diagnosed if a person doesn't meet the criteria for gender dysphoria but still has clinically significant distress or impairment.[19]

The International Classification of Diseases (ICD-10) list several disorders related to gender identity.[22][23]

- Transsexualism (F64.0): Desire to live and be accepted as a member of the opposite sex, usually accompanied by a desire for surgery and hormonal treatment
- Gender identity disorder of childhood (F64.2): Persistent and intense distress about one's assigned gender, manifested prior to puberty
- Other gender identity disorders (F64.8)
- Gender identity disorder, unspecified (F64.9)
- Sexual maturation disorder (F66.0): Uncertainty about one's gender identity or sexual orientation, causing anxiety or distress

Significant revision of the ICD's classification of gender identity-related conditions is expected in the forthcoming ICD-11.[24] As of August 2018, the ICD-11 lists this condition as "gender incongruence", under "conditions related to sexual health", coded into three conditions:[25]

- Gender incongruence of adolescence or adulthood (HA60): replaces F64.0
- Gender incongruence of childhood (HA61): replaces F64.2
- Gender incongruence, unspecified (HA6Z): replaces F64.9

In addition, sexual maturation disorder has been removed, along with dual-role transvestism.[26] ICD-11 defines gender incongurence as "a marked and persistent incongruence between an individual's experienced gender and the assigned sex", with presentations similar to the DSM-V definition, but does not require significant distress or impairment.

Management

Treatment for a person diagnosed with GID may include psychotherapy or to support the individual's preferred gender through hormone therapy, gender expression and role, or surgery. This may include psychological counselling, resulting in lifestyle changes, or physical changes, resulting from medical interventions such as hormonal treatment, genital surgery, electrolysis or laser hair removal, chest/breast surgery, or other reconstructive surgeries. The goal of treatment may simply be to reduce problems resulting from the person's transgender status, for example, counseling the patient in order to reduce guilt associated with cross-dressing, or counseling a spouse to help them adjust to the patient's situation.[27]

Hormone treatment or surgery for gender dysphoria is somewhat controversial because of the irreversibility of certain physical changes (breast growth appearing due to hormone treatment, for example[28]). Guidelines have been established to aid clinicians. The World Professional Association for Transgender Health (WPATH) Standards of Care are used by some clinicians as treatment guidelines. Others use guidelines outlined in Gianna Israel and Donald Tarver's *Transgender Care*. Guidelines for treatment generally follow a "harm reduction" model.[29][30][31]

Prepubescent children

The question of whether to counsel young children to be happy with their assigned sex, or to encourage them to continue to exhibit behaviors that do not match their assigned sex—or to explore a transsexual transition—is controversial. Some clinicians report that a significant proportion of young children diagnosed with gender dysphoria later do not exhibit any dysphoria.[32]

Professionals who treat gender identity disorder in children have begun to refer and prescribe hormones, known as puberty blockers, to delay the onset of puberty until a child is believed to be old enough to make an informed decision on whether hormonal gender reassignment leading to surgical gender reassignment will be in that person's best interest.[33]

Psychological treatments

Until the 1970s, psychotherapy was the primary treatment for gender dysphoria, and generally was directed to helping the person adjust to the gender of the physical characteristics present at birth. Psychotherapy is any therapeutic interaction that aims to treat a psychological problem. Though some clinicians still use only psychotherapy to treat gender dysphoria, it may now be used in addition to biological interventions.[34] Psychotherapeutic treatment of GID involves helping the patient to adapt. Attempts to cure GID by changing the patient's gender identity to reflect birth characteristics have been ineffective.[35]:1741

Biological treatments

Biological treatments physically alter primary and secondary sex characteristics to reduce the discrepancy between an individual's physical body and gender identity.[36] Biological treatments for GID without any form of psychotherapy is quite uncommon. Researchers have found that if individuals bypass psychotherapy in their GID treatment, they often feel lost and confused when their biological treatments are complete.[37]

Psychotherapy, hormone replacement therapy, and sex reassignment surgery together can be effective treating GID when the WPATH standards of care are followed.[35]:1570 The overall level of patient satisfaction with both psychological and biological treatments is very high.[34]

Epidemiology

Estimated rates of those with a transgender identity range from a lower bound of 1:2000 (or about 0.05%) in the Netherlands and Belgium[38] to 0.5% of Massachusetts adults.[39] From a national survey of high-school students in New Zealand, 8,500 randomly selected secondary school students from 91 randomly selected high schools found 1.2% of students responded "yes" to the question "Do you think you are transgender?".[40] These numbers are based on those who identify as transgender. It is estimated that about 0.005% to 0.014% of people assigned male at birth and 0.002% to 0.003% of people assigned female at birth would be diagnosed with gender dysphoria, based on 2013 diagnostic criteria, though this is considered a modest underestimate.[41] Research indicates people who transition in adulthood are up to three times more likely to be male assigned at birth, but that among people transitioning in childhood the sex ratio is close to 1:1.[42]

History

The term *gender identity disorder* is an older term for the condition in the DSM. The American Psychiatric Association (APA) uses the term *gender dysphoria*.[43] The APA's DSM first described the condition in the third publication ("DSM-III") in 1980.[44]

In April 2011, the UK National Research Ethics Service approved prescribing monthly injection of puberty-blocking drugs to youngsters from 12 years old, in order to enable them to get older before deciding on formal sex change. The Tavistock and Portman NHS Foundation Trust (T&P) in North London has treated such children. Clinic director Dr. Polly Carmichael said, "Certainly, of the children between 12 and 14, there's a number who are keen to take part. I know what's been very hard for their families is knowing that there's something available but it's not available here." The clinic received 127 referrals for gender dysphoria in 2010.[45]

The T&P completed a three-year trial to assess the psychological, social and physical benefits and risks involved for 12- to 14-year-old patients. The trial was deemed such a success that doctors have decided to make the drugs more widely available and to children as young as 9 years of age. As recently as 2009, national guidelines stated that treatment for gender dysphoria should not start until puberty had finished. Ferring Pharmaceuticals manufactures the drug Triptorelin, marketed under the name Gonapeptyl, at £82 per monthly dose. The treatment is reversible, which means the body will resume its previous state upon discontinuation of drugs.

Society and culture

Gender as a social construction

Social gender characteristics are created and supported by the expectations of a culture, and are therefore only partially related to biological sex. For example, the association of particular colors with "girl" or "boy" babies begins extremely early in Western European-derived cultures. Other expectations relate to approved and allowable behaviors and emotional expression.[46]

Some cultures have three defined genders: man, woman, and effeminate man. For example, in Samoa, the *fa'afafine*, a group of feminine males, are entirely socially accepted. The fa'afafine do not have any of the stigma or distress typically associated in most cultures with deviating from a male/female gender role. This suggests the distress so frequently associated with GID in a Western context is not *caused* by the disorder itself, but by difficulties encountered from social disapproval by one's culture.[47] However,

research has found that the anxiety associated with gender dysphoria persists in cultures, Eastern or otherwise, which are more accepting of gender nonconformity.[48]

A sign at a trans rights rally: "Gender is like that old jumper from my cousin: It was given to me and it doesn't fit."

In Australia, a 2014 High Court of Australia judgment unanimously ruled in favor of a plaintiff named Norrie, who asked to be classified by a third gender category, 'non-specific', after a long court battle with the NSW Registrar of Births, Deaths and Marriages.[49] However, the Court did not accept that gender was a social construction: it found that sex reassignment "surgery did not resolve her sexual ambiguity".[49]:para 11

Classification as a disorder

The psychiatric diagnoses of gender identity disorder (now gender dysphoria) was introduced in DSM-III in 1980. Arlene Istar Lev and Deborah Rudacille have characterized the addition as a political maneuver to re-stigmatize homosexuality.[50][51] (Homosexuality was removed from DSM-II in 1974.) By contrast, Kenneth Zucker and Robert Spitzer argue that gender identity disorder was included in DSM-III because it "met the generally accepted criteria used by the framers of DSM-III for inclusion."[52] Some researchers, including Robert Spitzer and Paul J. Fink, contend that the behaviors and experiences seen in transsexualism are abnormal and constitute a dysfunction.[53] The American Psychiatric Association stated that gender nonconformity is not the same thing as gender dysphoria,[7] and that "gender nonconformity is not in itself a mental disorder. The critical element of gender dysphoria is the presence of clinically significant distress associated with the condition."[1]

Individuals with gender dysphoria may or may not regard their own cross-gender feelings and behaviors as a disorder. Advantages and disadvantages exist to classifying gender dysphoria as a disorder.[2] Because gender dysphoria had been classified as a disorder in medical texts (such as the previous DSM manual, the DSM-IV-TR, under the name "gender identity disorder"), many insurance companies are willing to cover some of the expenses of sex reassignment therapy. Without the classification of gender dysphoria as a medical disorder, sex reassignment therapy may be viewed as cosmetic treatment, rather than medically necessary treatment, and may not be covered.[54] In the United States, transgender people are less likely than others to have health insurance, and often face hostility and insensitivity from healthcare providers.[55]

The DSM-IV-TR diagnostic component of distress is not inherent in the cross-gender identity; rather, it is related to social rejection and discrimination suffered by the individual.[47] Psychology professor Darryl Hill insists that gender dysphoria is not a mental disorder, but rather that the diagnostic criteria reflect psychological distress in children that occurs when parents and others have trouble relating to their child's gender variance.[53] Transgender people have often been harassed, socially excluded, and subjected to discrimination, abuse and violence, including murder.[3][17]

In December 2002, the British Lord Chancellor's office published a *Government Policy Concerning Transsexual People* document that categorically states, "What transsexualism is not ... It is not a mental illness."[56] In May 2009, the government of France declared that a transsexual gender identity will no longer be classified as a psychiatric condition,[57] but according to French trans rights organizations, beyond the impact of the announcement itself, nothing changed.[58] Denmark made a similar statement in 2016.[59]

In ICD-11, GID is reclassified as "gender incongruence", a condition related to sexual health.[25] The working group responsible for this recategorization recommends keeping such a diagnosis in ICD-11 to preserve access to health services.[26]

Intimate relationships

Intimate relationships between lesbians and female-to-male people with GID will sometimes endure throughout the transition process, or shift to becoming supportive friendships. Intimate relationships between heterosexual women and male-to-female people with GID often suffer once the GID is known or revealed. Researchers say the fate of the relationship seems to depend mainly on the woman's adaptability. Problems often arise, with the cisgender partner becoming increasingly angry or dissatisfied, if her partner's

time spent in a female role grows, if her partner's libido decreases, or if her partner is angry and emotionally cut-off when in the male role. Cisgender women sometimes also worry about social stigma and may be uncomfortable with the bodily feminization of their partner as the partner moves through transition. The cisgender women who are likeliest to accept and accommodate their partner's transition, researchers say, are those with a low sex drive or those who are equally sexually attracted to men and women.[60]

See also

- List of transgender-related topics

References

1. "Gender Dysphoria" (https://www.psychiatry.org/File%20Library/Psychiatrists/Practice/DSM/APA_DSM-5-Gender-Dysphoria.pdf) (PDF). American Psychiatric Publishing. Retrieved December 24, 2016.
2. Coleman E (2011). "Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People, Version 7" (https://web.archive.org/web/20140802135807/http://www.wpath.org/uploaded_files/140/files/IJT%20SOC%2C%20V7.pdf) (PDF). *International Journal of Transgenderism*. Routledge Taylor & Francis Group. **13** (4): 165–232. doi:10.1080/15532739.2011.700873 (https://doi.org/10.1080%2F15532739.2011.700873). Archived from the original (http://www.wpath.org/uploaded_files/140/files/IJT%20SOC,%20V7.pdf) (PDF) on August 2, 2014. Retrieved August 30, 2014.
3. Davidson, Michelle R. (2012). *A Nurse's Guide to Women's Mental Health*. Springer Publishing Company. p. 114. ISBN 0-8261-7113-3.
4. Heylens G, De Cuypere G, Zucker KJ, Schelfaut C, Elaut E, Vanden Bossche H, De Baere E, T'Sjoen G (March 2012). "Gender identity disorder in twins: a review of the case report literature". *The Journal of Sexual Medicine*. **9** (3): 751–7. doi:10.1111/j.1743-6109.2011.02567.x (https://doi.org/10.1111%2Fj.1743-6109.2011.02567.x). PMID 22146048 (https://www.ncbi.nlm.nih.gov/pubmed/22146048).
5. Fraser, L; Karasic, D; Meyer, W; Wylie, K (2010). "Recommendations for Revision of the DSM Diagnosis of Gender Identity Disorder in Adults". *International Journal of Transgenderism*. **12** (2): 80–85. doi:10.1080/15532739.2010.509202 (https://doi.org/10.1080%2F15532739.2010.509202)
6. Bryant, Karl (2018). "Gender Dysphoria" (https://www.britannica.com/science/gender-dysphoria). Encyclopædia Britannica Online. Retrieved August 16, 2018.
7. "What Is Gender Dysphoria?" (https://www.psychiatry.org/patients-families/gender-dysphoria/what-is-gender-dysphoria). American Psychiatric Publishing. Retrieved November 20, 2018.
8. Newman, L (July 1, 2002). "Sex, Gender and Culture: Issues in the Definition, Assessment and Treatment of Gender Identity Disorder". *Clinical Child Psychology and Psychiatry*. **7** (3): 352–359. doi:10.1177/1359104502007003004 (https://doi.org/10.1177%2F1359104502007003004)
9. Ansara, Y. Gavriel; Hegarty, Peter (2012). "Cisgenderism in psychology: pathologising and misgendering children from 1999 to 2008". *Psychology and Sexuality*. **3** (2): 137–60. doi:10.1080/19419899.2011.576696 (https://doi.org/10.1080%2F19419899.2011.576696)
10. Grant; Jaime, M.; Mottet, Lisa; Tanis, Justin; Harrison, Jack; Herman, Jody; Keisling, Mara (2011). *Injustice at Every Turn: A Report of the National Transgender Discrimination Survey* (http://www.thetaskforce.org/static_html/downloads/reports/reports/ntds_full.pdf) (PDF). Washington: National Center for Transgender Equality and National Gay and Lesbian Task Force. Retrieved May 10, 2015.
11. Reyes, Emily (January 28, 2014). "Transgender study looks at 'exceptionally high' suicide-attempt rate" (http://articles.latimes.com/2014/jan/28/local/la-me-ln-suicide-attempts-alarming-transgender-20140127). *Los Angeles Times*. Retrieved May 10, 2015.
12. O'Keefe, CarolynAnne (2007). *Mentoring sexual orientation and gender identity minorities in a university setting*. California: ProQuest Dissertations & Theses (PQDT). p. xvii. ISBN 978-0-542-91311-2.
13. Diemer EW, Grant JD, Munn-Chernoff MA, Patterson DA, Duncan AE (August 2015). "Gender Identity, Sexual Orientation, and Eating-Related Pathology in a National Sample of College Students" (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4545276). *The Journal of Adolescent Health*. **57** (2): 144–9. doi:10.1016/j.jadohealth.2015.03.003 (https://doi.org/10.1016%2Fj.jadohealth.2015.03.003). PMC 4545276 (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4545276). PMID 25937471 (https://www.ncbi.nlm.nih.gov/pubmed/25937471).

14. Doyle, Kathryn (May 8, 2015). "Sexual orientation, gender identity tied to eating disorder risk" (https://www.reuters.com/article/2015/05/08/us-eating-disorder-gender-idUSKBN0NT2E020150508). Reuters. Retrieved May 10, 2015.
15. *Diagnostic and Statistical Manual of Mental Disorders* (Fifth ed.). Arlington, VA: American Psychiatric Publishing. 2013. pp. 455–456. ISBN 978-0-89042-554-1.
16. Bryant, Karl Edward (2007). *The Politics of Pathology and the Making of Gender Identity Disorder*. Ann Arbor, Michigan: ProQuest Dissertations & Theses (PQDT). p. 222. ISBN 978-0-549-26816-1.
17. Giordano, Simona (2012). *Children with Gender Identity Disorder: A Clinical, Ethical, and Legal Analysis*. New Jersey: Routledge. p. 147. ISBN 0-415-50271-3.
18. Coolidge FL, Thede LL, Young SE (July 2002). "The heritability of gender identity disorder in a child and adolescent twin sample". *Behavior Genetics*. **32** (4): 251–7. doi:10.1023/A:1019724712983 (https://doi.org/10.1023%2FA%3A1019724712983). PMID 12211624 (https://www.ncbi.nlm.nih.gov/pubmed/12211624).
19. American Psychiatry Association (2013). *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)* (5th ed.). Washington, DC and London: American Psychiatric Publishing. pp. 451–460. ISBN 0-89042-555-8.
20. "Gender Dysphoria in Children" (http://www.dsm5.org/ProposedRevision/Pages/proposedrevision.aspx?rid=192#). American Psychiatric Association. May 4, 2011. Retrieved July 3, 2011.
21. "P 00 Gender Dysphoria in Children" (http://www.dsm5.org/ProposedRevision/Pages/proposedrevision.aspx?rid=192#). American Psychiatric Association. Retrieved April 2, 2012.
22. "International Classification of Diseases (ICD) F64 Gender identity disorders" (http://apps.who.int/classifications/icd10/browse/2016/en#/F60-F69). World Health Organization. Retrieved August 9, 2018.
23. Potts, S; Bhugra, D (1995). "Classification of sexual disorders". *International Review of Psychiatry*. **7** (2): 167–174. doi:10.3109/09540269509028323 (https://doi.org/10.3109%2F09540269509028323).
24. "International Classification of Diseases" (http://www.who.int/health-topics/international-classification-of-diseases). World Health Organization. Retrieved August 11, 2018.
25. "Gender incongruence (ICD-11)" (https://icd.who.int/browse11/l-m/en#/http://id.who.int/icd/entity/411470068). *icd.who.int*. WHO. Retrieved August 28, 2018.
26. Reed GM, Drescher J, Krueger RB, Atalla E, Cochran SD, First MB, Cohen-Kettenis PT, Arango-de Montis I, Parish SJ, Cottler S, Briken P, Saxena S (October 2016). "Disorders related to sexuality and gender identity in the ICD-11: revising the ICD-10 classification based on current scientific evidence, best clinical practices, and human rights considerations" (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5032510). *World Psychiatry*. **15** (3): 205–221. doi:10.1002/wps.20354 (https://doi.org/10.1002%2Fwps.20354). PMC 5032510 (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5032510). PMID 27717275 (https://www.ncbi.nlm.nih.gov/pubmed/27717275).
27. Leiblum, Sandra (2006). *Principles and Practice of Sex Therapy: Fourth Edition*. The Guilford Press. pp. 488–9. ISBN 978-1-59385-349-5.
28. "NHS - Treatment - Gender dysphoria" (https://www.nhs.uk/conditions/gender-dysphoria/treatment/). NHS. 2016. Retrieved January 10, 2019. "If necessary, you can stop taking the hormones (although some changes are irreversible, such as a deeper voice in trans men and breast growth in trans women)."
29. "Office-based care for lesbian, gay, bisexual, transgender, and questioning youth". *Pediatrics*. **132** (1): 198–203. July 2013. doi:10.1542/peds.2013-1282 (https://doi.org/10.1542%2Fpeds.2013-1282). PMID 23796746 (https://www.ncbi.nlm.nih.gov/pubmed/23796746). "However, adolescents with multiple or anonymous partners, having unprotected intercourse, or having substance abuse issues should be tested at shorter intervals."
30. "www.glma.org Compendium of Health Profession Association LGBT Policy & Position Statements" (http://www.glma.org/_data/n_0001/resources/live/GLMA%20Compendium%20of%20Health%20Profession%20Association%20LGBT%20Policy%20and%20Position%20Statements.pdf) (PDF). GLMA. 2013. Retrieved August 27, 2013.
31. "APA Policy Statements on Lesbian, Gay, Bisexual, & Transgender Concerns" (http://www.apa.org/about/policy/booklet.pdf) (PDF). American Psychological Association. 2011. Retrieved August 27, 2013. "BE IT FURTHER RESOLVED that APA recognizes the efficacy, benefit, and necessity of gender transition treatments for appropriately evaluated individuals and calls upon public and private insurers to cover these medically necessary treatments;"
32. Spiegel, Alix (May 8, 2008). "Q&A: Therapists on Gender Identity Issues in Kids" (https://www.npr.org/templates/story/story.php?storyId=90229789). NPR. Retrieved September 16, 2008.
33. *The Transgendered Child: A Handbook for Families and Professionals* (Brill and Pepper, 2008)
34. Gijs, L; Brawaeys, A (2007). "Surgical Treatment of Gender Dysphoria in Adults and Adolescents: Recent Developments, Effectiveness, and Challenges". *Annual Review of Sex Research*. **18** (178–224).

35. George R. Brown, MD (July 20, 2011). "Chapter 165 Sexuality and Sexual Disorders". In Robert S. Porter, MD; et al. *The Merck Manual of Diagnosis and Therapy* (19th ed.). Whitehouse Station, NJ, USA: Merck & Co., Inc. pp. 1740–1747. ISBN 978-0-911910-19-3
36. Bockting, W; Knudson, G; Goldberg, J (January 2006). "Counselling and Mental Health Care of Transgender Adults and Loved Ones".
37. Hakeem, Az (2008). "Changing Sex or Changing Minds: Specialist Psychotherapy and Transsexuality". *Group Analysis*. **41** (2): 182–196. doi:10.1177/0533316408089883 (https://doi.org/10.1177%2F0533316408089883)
38. Olyslager, Femke; Conway, Lynn (2008). "Transseksualiteit komt vaker voor dan u denkt. Een nieuwe kijk op de prevalentie van transseksualiteit in Nederland en België" (http://rjh.ub.rug.nl/genderstudies/article/view/1904/1897) *Tijdschrift voor Genderstudies* (in Dutch). Amsterdam: Amsterdam University Press **11** (2): 39–51. ISSN 1388-3186 (https://www.worldcat.org/issn/1388-3186) Retrieved August 27, 2013. Lay summary (http://ai.eecs.umich.edu/people/conway/TS/TSprevalence.html) – *How Frequently Does Transsexualism Occur?*. "…it is safe to assume that the lower limit for the inherent prevalence of transsexualism in the Netherlands and Flanders is on order of 1:2000 to 1:1000 for transgender females and on the order of 1:4000 to 1:2000 for transgender males."
39. Conron, KJ; Scott, G; Stowell, GS; Landers, S (January 2012). "Transgender Health in Massachusetts: Results from a Household Probability Sample of Adults" (http://ajph.aphapublications.org/doi/pdf/10.2105/AJPH.2011.300315) *American Journal of Public Health*, American Public Health Association, **102** (1): 118–222, doi:10.2105/AJPH.2011.300315 (https://doi.org/10.2105%2FAJPH.2011.300315), ISSN 1541-0048 (https://www.worldcat.org/issn/1541-0048) OCLC 01642844 (https://www.worldcat.org/oclc/01642844) PMC 3490554 (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3490554) PMID 22095354 (https://www.ncbi.nlm.nih.gov/pubmed/22095354), retrieved August 28, 2013, "Between 2007 and 2009, survey participants aged 18 to 64 years in the Massachusetts Behavioral Risk Factor Surveillance System (MA-BRFSS; N = 28 662) were asked: "Some people describe themselves as transgender when they experience a different gender identity from their sex at birth. For example, a person born into a male body but who feels female or lives as a woman. Do you consider yourself to be transgender?" […] We restricted the analytic sample to 28176 participants who answered yes or no to the transgender question (excluding n=364, 1.0% weighted who declined to respond. […] Transgender respondents (n=131; 0.5%; 95% confidence interval [CI]=0.3%, 0.6%) were somewhat younger and more likely to be Hispanic than were nontransgender respondents".
40. Clark TC, Lucassen MF, Bullen P, Denny SJ, Fleming TM, Robinson EM, Rossen FV (July 2014). "The health and well-being of transgender high school students: results from the New Zealand adolescent health survey (Youth'12)". *The Journal of Adolescent Health*. **55** (1): 93–9. doi:10.1016/j.jadohealth.2013.11.008 (https://doi.org/10.1016%2Fj.jadohealth.2013.11.008) PMID 24438852 (https://www.ncbi.nlm.nih.gov/pubmed/24438852). "Whether a student was transgender was measured by the question, "Do you think you are transgender? This is a girl who feels like she should have been a boy or a boy who feels like he should have been a girl (e.g., Trans, Queen, Fa'afaffine, Whakawahine, Tangata ira Tane, Genderqueer)?" […] Over 8,000 students (n = 8,166) answered the question about whether they were transgender. Approximately 95% of students did not report being transgender (n=7,731; 94.7%), 96 students reported being transgender (1.2%), 202 reported not being sure (2.5%), and 137 did not understand the question (1.7%)."
41. *Diagnostic and Statistical Manual of Mental Disorders 5*. American Psychiatric Association. 2013. p. 454. ISBN 978-0-89042-555-8.
42. Landén M, Wålinder J, Lundström B (April 1996). "Prevalence, incidence and sex ratio of transsexualism". *Acta Psychiatrica Scandinavica* **93** (4): 221–3. doi:10.1111/j.1600-0447.1996.tb10638.x (https://doi.org/10.1111%2Fj.1600-0447.1996.tb10638.x) PMID 8712018 (https://www.ncbi.nlm.nih.gov/pubmed/8712018). "On average, the male [to female]:female [to male] ratio in prevalence studies is estimated to be 3:1. However […] the incidence studies have shown a considerably lower male [to female] predominance. In Sweden and England and Wales a sex ratio of 1:1 has been reported. In the most recent incidence data from Sweden there is a slight male [to female] predominance among the group consisting of all applicants for sex reassignment, while in the group of primary [early onset] transsexuals there is no difference in incidence between men and women".
43. "Gender Dysphoria Fact Sheet" (http://www.dsm5.org/Documents/Gender%20Dysphoria%20Fact%20Sheet.pdf) (PDF). APA. Retrieved September 2, 2013.
44. Koh J (2012). "[The history of the concept of gender identity disorder]". *Seishin Shinkeigaku Zasshi = Psychiatria Et Neurologia Japonica* **114** (6): 673–80. PMID 22844818 (https://www.ncbi.nlm.nih.gov/pubmed/22844818).
45. telegraph.co.uk: "Puberty blocker for children considering sex change" (https://www.telegraph.co.uk/health/healthnews/8454002/Puberty-blocker-for-children-considering-sex-change.html) *The Daily Telegraph* (Alleyne) April 15, 2011

46. Marecek, J., Crawford, M., & Popp, D. (2004). "On the Construction of Gender, Sex, and Sexualities". In A.H. Eagly, A.E. Beall, & R.J. Sternberg. *The Psychology of Gender*. New York: Guilford Press. pp. 192–216.
47. Vasey PL, Bartlett NH (2007). "What can the Samoan "Fa'afafine" teach us about the Western concept of gender identity disorder in childhood?". *Perspectives in Biology and Medicine* **50** (4): 481–90. doi:10.1353/pbm.2007.0056 (https://doi.org/10.1353%2Fpbm.2007.0056) PMID 17951883 (https://www.ncbi.nlm.nih.gov/pubmed/17951883).
48. *Diagnostic and Statistical Manual of Mental Disorders 5*. American Psychiatric Association. 2013. p. 459. ISBN 978-0-89042-555-8.
49. *NSW Registrar of Births, Deaths and Marriages v Norrie* (http://www.austlii.edu.au/au/cases/cth/HCA/2014/11.html) [2014] HCA 11 (2 April 2014), High Court (Australia).
50. Lev, Arlene Istar (2004). *Transgender Emergence: Therapeutic Guidelines for Working with Gender-Variant People and Their Families* (https://books.google.com/?id=LwxvazLRmiEC&pg=PA172&dq=homosexuality+dsm-iii+transsexuality). Haworth Press. p. 172. ISBN 978-0-7890-2117-5.
51. Rudacille, Deborah (February 2005). *The Riddle of Gender: Science, Activism, and Transgender Rights*. Pantheon. ISBN 978-0-375-42162-4.
52. Zucker, KJ; Spitzer, RL (Jan–Feb 2005), "Was the gender identity disorder of childhood diagnosis introduced into DSM-III as a backdoor maneuver to replace homosexuality? A historical note.". *Journal of Sex and Marital Therapy* **31** (1): 31–42, doi:10.1080/00926230590475251 (https://doi.org/10.1080%2F00926230590475251) PMID 15841704 (https://www.ncbi.nlm.nih.gov/pubmed/15841704)
53. "Controversy Continues to Grow Over DSM's GID Diagnosis" (http://psychnews.psychiatryonline.org/newsarticle.aspx?articleid=106462). Psychiatric News.
54. Ford, Zack. "APA Revises Manual: Being Transgender is No Longer a Mental Disorder" (https://web.archive.org/web/20130202082602/http://thinkprogress.org/lgbt/2012/12/03/1271431/apa-revises-manual-being-transgender-is-no-longer-a-mental-disorder/?mobile=nc). Archived from the original (http://thinkprogress.org/lgbt/2012/12/03/1271431/apa-revises-manual-being-transgender-is-no-longer-a-mental-disorder/?mobile=nc) on February 2, 2013. Retrieved April 7, 2013.
55. Mallon, Gerald P. (2009). *Social Work Practice with Transgender and Gender Variant Youth*. New Jersey: Routledge. ISBN 0-415-99482-9.
56. "Government Policy concerning Transsexual People" (https://web.archive.org/web/20080511211217/http://www.dca.gov.uk/constitution/transsex/policy.htm). *People's rights/Transsexual people*. U.K. Department for Constitutional Affairs. 2003. Archived from the original (http://www.dca.gov.uk/constitution/transsex/policy.htm) on May 11, 2008.
57. "La transsexualité ne sera plus classée comme affectation psychiatrique" (http://www.lemonde.fr/societe/article/2009/05/16/la-transsexualite-ne-sera-plus-classee-comme-affectation-psychiatrique_1193860_3224.html). *Le Monde*. May 16, 2009.
58. " "La France est très en retard dans la prise en charge des transsexuels" " (http://www.liberation.fr/societe/2011/05/17/la-france-est-tres-en-retard-dans-la-prise-en-charge-des-transsexuels_736344). *Libération* (in French). May 17, 2011. "En réalité, ce décret n'a été rien d'autre qu'un coup médiatique, un très bel effet d'annonce. Sur le terrain, rien n'a changé."
59. "Denmark will become first country to no longer define being transgender as a mental illness" (https://www.independent.co.uk/news/world/europe/denmark-will-be-the-first-country-to-no-longer-define-being-transgender-as-a-mental-illness-a7029151.html). *The Independent*. May 14, 2016.
60. Barrett, James (2007). *Transsexual and Other Disorders of Gender Identity: A Practical Guide to Management*. RADCLIFFE MEDICAL PRESS LTD. p. 83. ISBN 1-85775-719-X.

Further reading

- Conway, Lynn (June 26, 2014). "Successful TransMen: Links and Photos". *ai.eecs.umich.edu*. Retrieved December 2, 2014.
- Conway, Lynn (February 5, 2011). "Transsexual Women's Successes: Links and Photos". *ai.eecs.umich.edu*. Retrieved December 2, 2014.
- Jacques, Juliet. "A Transgender Journey". *The Guardian*. Retrieved December 2, 2014.
- World Professional Association for Transgender Health (2012). *Standards of Care for Gender Identity Disorders* (PDF). Harry Benjamin International Gender Dysphoria Association. Archived from the original (PDF) on September 24, 2014. Includes a description of ICD-10 criteria.

External links

- Health Law Standards of Care for Transsexualism – An alternative to the Benjamin Standards of Care proposed by the International Conference on Transgender Law and Employment Policy
- The Lord Chancellor's Department Government Policy concerning Transsexual People

Classification	**ICD-10**: F64.9 , F64.8 · **ICD-9-CM**: 302.85 · **MeSH**: D000068116
External resources	**MedlinePlus**: 001527

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